

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | |
|--------------|----------|--------|-----------------------|---------|------------------------|--------|---|--------|
| | Indep | Depend | Indep | Depend. | Indep | Depend | Indep | Depend |
| 1 | | | 1 | | | | 51 | |
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| 50 | | | | | | | 100 | |
| Total Indep | | | 4 | | | | Total Indep | |
| Total Depend | | | 18 | | | | Total Depend | |
| Total Claims | | | 21 | | | | Total Claims | |